



The "VIHeillir" project: An initiative for healthy aging with HIV

Introduction

Supported by [L'Initiative/Expertise-France](#), the VIHeillir Project is an innovative initiative launched in 2020 with the aim of improving the quality of life of people living with HIV (PLWHIV) aged 50 and over. This project takes place in a context where HIV continues to represent a major threat to public health in sub-Saharan Africa. The target population, often overlooked in prevention and treatment programs, faces unique challenges requiring specific interventions. Conducted jointly in Cameroon and Senegal, this project is specifically aimed at optimizing medical and psychosocial care for this often-neglected population, by addressing not only HIV, but also the comorbidities common among elderly patients.

Background and rationale

The few statistics available indicate that in Cameroon, as per a Global AIDS Progress Report 2020, around 4.8% of women aged 50-64 are living with HIV, while in Senegal, those aged 50 and over will account for more than a third of the 31,637 people on treatment in 2022 (as per a French article by Gabriele Laborde-Balen et al published on February 9, 2023 online on [theconversation.com](#)). Some have been on treatment for over 20 years. This paradoxical success is undoubtedly linked to access to antiretrovirals (ARVs).

Longevity linked to access to ARVs

Indeed, as the first generation to benefit from effective treatments after a relentless struggle to transfer antiretroviral therapies from the countries of the North to those of the South in the late 1990s, older people living with HIV now find themselves facing new health challenges. While they have managed to overcome HIV infection thanks to access to appropriate care, they now have to contend with co-morbidities such as diabetes, hypertension, precancerous cervical lesions in women, and hepatitis B and C. These conditions, which arise with age or as long-term consequences of antiretroviral treatment, are grafted onto their HIV-positive status. Unfortunately, they lack the economic resources to manage these additional conditions, worsening their general state of health and making their daily survival even more precarious.

Economic insecurity

In sub-Saharan Africa, the majority of older people see their economic resources dwindle considerably after they stop working. In Senegal, for example, as per the same article mentioned above, only 24% of people over the age of 60 receive a retirement pension, often a modest one. Widows, particularly those from polygamous marriages, receive even lower pensions. People who had worked in the informal sector and no longer have an income are forced to move to the urban periphery to find cheaper rents. PLWHIV try to work as long as possible to maintain their economic autonomy, but they face economic downgrading and increasing precariousness, which has an impact on their physical and mental health. In addition, their healthcare costs are rising, as they have to bear part of the costs of HIV care and the aforementioned co-morbidities. In Cameroon, Ange-Merveille (54), who looks after several children on her own and earns 70,000 FCFA (around US\$117) a month, told [Radio France Internationale](#) in their [French podcast](#) in April 2023 that she spends: “5,000 FCFA on diabetes and hypertension medication. A cardiologist’s consultation costs 3,000 FCFA. I’m not including the cost of transport, because I can’t imagine how much that would cost. If doctors had the possibility of treating these heart problems and everything else on the spot, we’d be better off in a lot of ways.”

Beyond these economic aspects, the stigmatization of people living with HIV that still prevails in Cameroon and Senegal makes PLWHIV vulnerable.

The weight of stigma

Indeed, at the time of diagnosis, some people choose to confide in those closest to them, such as their spouse, the person who accompanies them to medical consultations or the person who finances their care. Few, however, reveal their status to others afterwards. Fear of moral judgment regarding the circumstances of contamination is the main reason why people keep their status secret. Older women living with HIV, often widowed due to the death of their spouse from HIV, are under social pressure to

remarry. However, they fear that their new spouse will reveal their illness. The children of people living with HIV are also poorly informed, even as adults. Some keep silent about their illness, while others never tell their children.

However, the onset of functional incapacities (blindness, mobility difficulties, etc.) requiring assistance with daily activities (taking medication or travelling to consultations) means that these choices have to be reviewed. Revealing one's illness has a variety of effects. At best, it clarifies what has not been said, and elicits concern and support from loved ones. But in some cases, it revives old conflicts and provokes accusations of concealment, adding a further emotional burden for PLWHIV.

More broadly, older people living with HIV in Cameroon often have to navigate between several care services for the management of co-morbidities. This fragmentation of healthcare services considerably complicates their care pathway (loss of information between different care providers, increased administrative and logistical burden, risk of therapeutic disengagement, etc.) and compromises the overall effectiveness of medical interventions.

Against this backdrop, the objectives assigned to the VIHeillir project, led by [Institut Bouisson Bertrand](#) and implemented in Cameroon in partnership with the National AIDS Control Committee (CNLS) and the [Positive Generation](#) association, as well as in Senegal in collaboration with CNLS, DLSI (AIDS and Sexually Transmitted Infections Control Division) and PLWHA associations, are many and varied.

Project objectives and main activities

The VIHeillir project has three main focuses:

1. Improving medical care for elderly PLWHIV: integrating the management of five priority comorbidities (diabetes, hypertension, precancerous cervical lesions in women and hepatitis B and C) into routine HIV consultations.
2. Strengthen psychosocial approaches: offer individualized psychological and social support to older PLWHIV, taking into account the specific challenges associated with their age, HIV status and socio-economic context.
3. Promoting a better quality of life: encouraging the adoption of healthy lifestyles, access to social protection services and the involvement of older PLWHIV in community life.

Key project activities include:

- Screening and management of comorbidities in elderly PLWHIV
- Setting up specialized medical consultations
- Therapeutic education and counseling sessions
- Individual and group psychological support
- Help with access to social services

- Support for self-help and community solidarity initiatives

The VIHeillir project registered 1,590 people aged 50 and over living with HIV between June 2021 and March 2023 in Cameroon and Senegal. Participants were mostly women aged around 59, with a median duration of antiretroviral treatment of 12 years. Community activities were organized, benefiting over 1,300 elderly people, including screening and prevention for various comorbidities. Social, recreational and sporting activities helped reduce social isolation and improve participants' mental health.

These initial encouraging results led to the transition to phase II of the project. In April 2024, in Yaoundé (Cameroon), The Initiative launched this second phase with the objectives of extending decentralized health services for closer, personalized follow-up of patients, strengthening advocacy and long-term follow-up of targeted comorbidities, and producing essential data for decision-making at national level.

Lessons learned and outlook

People aged 50 and over are an often-overlooked population in Global Fund prevention and treatment programs in Africa, probably due to their low relative percentage of the overall prevalence rate. However, if we consider that current efforts to care for individuals aged 15 to 49, who currently represent the highest prevalence, will lead to an increase in the life expectancy of these patients, it becomes imperative that the Global Fund takes seriously the good practices and lessons learned from the VIHeillir Project.

In fact, the lessons that can already be drawn from the "Project VIHeillir" all underline the importance of decompartmentalizing the care of PLWHIV, for several obvious reasons.

Firstly, the integration of care allows services to be centralized, facilitating access to treatment and reducing travel time and costs for patients who are often limited by problems of mobility and financial resources.

Secondly, an integrated or holistic approach promotes better coordination between different care providers, which is crucial for the management of complex and often interconnected co-morbidities. It also enables harmonization of treatment protocols, reducing the risk of drug interactions and redundant or contradictory care.

Thirdly, the centralization of health services contributes to the creation of a single, comprehensive medical file for each patient, facilitating longitudinal monitoring and overall assessment of their state of health.

Fourthly, integrating care addresses the structural challenges of Cameroon's healthcare systems, by optimizing the use of limited human and material resources, and promoting ongoing, specialized training for healthcare professionals in the specific needs of older people living with HIV. Finally, decompartmentalizing care allows us to strengthen awareness-raising and prevention programs within communities, by involving patients more closely in their own health care and reducing the stigma associated with HIV and co-morbidities.

By adopting this approach on a national scale, Cameroon, Senegal, and more broadly all African countries, can significantly improve health outcomes for PLWHIV. This strategy would deliver more accessible, continuous and patient-centered care, while strengthening their overall healthcare systems.

Conclusion

At the seventh replenishment of the Global Fund, the slogan "Fighting for what matters" resonated deeply. The lives of PLWHIV also matter. They deserve not only to live, but above all to live in dignity, with equitable access to quality care. The VIHeillir Project illustrates this commitment in action, demonstrating that an integrated, targeted approach can significantly improve quality of life and health outcomes for PLWHIV. By providing holistic care that includes comorbidity management and psychosocial support, it addresses complex needs that are often overlooked in current public health strategies.

Thus, by ensuring that older people living with HIV receive adequate attention and care throughout their lives, the Global Fund's institutional ecosystem (Country Coordinating Mechanisms, Committees, Board of Directors, constituencies, donors, etc.) would reaffirm that every life counts, and that the fight against HIV must be inclusive of all ages. Better still, it would sustainably strengthen its programs and ensure that progress in the fight against HIV benefits all generations, now and in the future.

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